

## *Chapter Twenty-two*

# Operations in the Former Republic of Yugoslavia

**T**he complex affairs in the former republic of Yugoslavia in the late 20th century were a tangled web woven by centuries of subjugation under various foreign conquerors. These “conflicting imperialisms” as well as “arbitrary boundaries, and substantially different political cultures” contributed to the area’s instability.<sup>1</sup> Yugoslav dictator Josip Broz—Marshal Tito—held together a relatively stable communist federation after World War II, but 10 years after Tito’s death in 1980, the country had fragmented into six republics and two provinces marked by political, economic, religious upheavals, and cultural diversity and strife.<sup>2</sup>

In the early 1990s, tensions among the various ethnic groups sowed the seeds of civil war. The bloodiest European conflict since World War II followed. What came to be euphemistically known as “ethnic cleansing,” viewed by the global community as mass murder, resulted in approximately 10,000 deaths—mostly among Croats—during the final four months of 1991. By then there were also an estimated 600,000 Yugoslav refugees.<sup>3</sup>

The European Union imposed a set of economic sanctions on the Balkan states in November 1991, but this had no effect on the ongoing internal struggles. The United Nations took action on 21 February 1992, passing Security Council Resolution 743 that called for the creation of the U.N. Protection Force referred to as UNPROFOR. This was followed by Security Force Resolution 749, which authorized the deployment of U.N. forces to Croatia and Bosnia-Herzegovina.<sup>4</sup>

To provide health service support for UNPROFOR, the commander-in-chief of U.S. Army, Europe tasked V Corps to move a 60-bed hospital to Croatia and to augment the hospital with staff and equipment from 7th Medical Command.<sup>5</sup> The implementation of this deployment reduced the ability to deliver health care within the 7th Medical Command at a time when U.S. forces in Europe were undergoing a sizeable drawdown of personnel. Several months later in Operation Provide Promise, when the 502nd Mobile Army Surgical Hospital (MASH) be-

came the second hospital to deploy from Europe, it drew significant staff from the 3rd Combat Support Hospital (CSH) at Nürnberg. Colonel Charles F. Miller observed that there was “no more wiggle room to take care of retirees” and warned that there likewise might “not be enough wiggle room in the next year to take care of dependents if the draw down continues.” Only the closure of the Nürnberg and Erlangen military communities prevented the realization of this dire prediction.<sup>6</sup> The first Table of Organization and Equipment hospital chosen to deploy to Zagreb, Croatia, was the 212th MASH.

The 212th MASH was subordinate to the 68th Medical Group, garrisoned at Wiesbaden Air Force Base in Germany.<sup>7</sup> Most of the unit’s Professional Officer Filler System staff learned “off the record” about their future deployment while on REFORGER 92, an annual field exercise that the U.S. Army, Europe curtailed to permit the Table of Organization and Equipment personnel and their Deployable Medical System (DEPMEDS) equipment time to prepare for the deployment. The unit received its warning orders in October 1992, and the unit staged in Wiesbaden. All deploying soldiers qualified on their weapons and all attended refresher courses on nuclear, biological, and chemical protection. They also participated in briefings on safety measures, cold weather hazards, the articles of the Geneva Convention, the Code of Conduct, management of stress, the current threat situation, and the avoidance of land mines, and heard a historical précis on their destination country, Yugoslavia.<sup>8</sup>

The main body of the 212th MASH flew via charter aircraft to Zagreb in mid-November 1992. The vehicles, supplies, and DEPMEDS equipment came by rail. Upon arrival, the staff of the hospital under the command of Lieutenant Colonel Everett Newcomb immediately erected their 11 tents and readied their perimeter protection of five MILVANS (containers for overseas or ground movement of military cargo) on a plot of land called Camp Pleso, adjacent to a hangar riddled with bullet holes that bore silent testimony to a violent past. Their allotted space was about a mile and a half from the Zagreb Airport’s passenger terminal. Parts of the MASH, the inpatient wards, were erected in the hangar, while another section housing other components extended out from the building. The 60-bed MASH included one 12-bed Intensive Care Unit, two 20-bed Intermediate Care Wards, an eight-bed Mental Health Section, and an Emergency Medical Treatment (EMT) area. Two operating room suites accommodated two operating room tables each. The 212th MASH staff billets were General Purpose Large tents.

Living conditions were primitive. Twelve soldiers shared each tent. Each soldier’s personal space was about six by eight feet and it took great ingenuity to create a semblance of privacy. The tents’ inhabitants strung lashing rope or wire to support improvised room dividers fashioned from ponchos, sheets, draperies, or locally purchased fabric. A friendly contingent from the Netherlands helped the 212th MASH soldiers set up their billeting tents. The soldiers from Holland were living in 1940s-era tents that were very rudimentary. The 212th MASH had several excess General Purpose Large tents, so they lent them to the Dutch soldiers in appreciation for their assistance.

The unit's stated mission was to provide health care and a 30-day patient holding capability for the more-than-20,000-strong U.N. forces, including U.N. civilians serving in the area. They treated their first patient, a civilian injured by a land mine that detonated while he was clearing an area for the hospital, on 13 November 1992. The next day the hospital formally opened with a ribbon-cutting ceremony attended by two members of Congress, Arizona Senator Dennis DeConcini and Indiana Representative Frank McCloskey.<sup>9</sup>

The 212th MASH's nursing staff consisted of 41 Army Nurse Corps officers and 81 enlisted medics. Approximately one-third of the latter were 91Cs, licensed practical nurses. Nursing personnel came from various units in Europe, including the SHAPE Medical Department Activity in Belgium, the Berlin Medical Department Activity, the 2nd General Hospital, the 97th General Hospital, and the 130th Station Hospital, all of the latter four in Germany. Major Paul Erlich, the hospital's chief nurse, used the newly formulated (December 1990) "Standards for Nursing in Mobilization" to organize the Department of Nursing. He promptly set up procedures to ensure quality of care and established a Nursing Education and Staff Development Program that was administered by Captain Jenevie Llanes. Among the educational presentations offered were a Journal Club, a course on trauma nursing, and Advanced Cardiac Life Support programs. Captain Elizabeth Bowie chaired the Infection Control Committee that monitored the hospital's four nosocomial infections, three of which were in patients with penetrating combat wounds. Every day at 1000 hours Erlich held head nurse meetings. Typical agenda topics included information disseminated from the task force commanders, new nursing policy instructions, and security concerns. Head nurses recorded the shared information in their ward's commobook (communications book), which all unit staff read and initialed daily. Captain Jimmy Johnson, the Army Community Health Nurse, served as chief of preventive medicine and immediately implemented initiatives, such as programs for pest control, sanitation, water purification, and prevention of sexually transmitted diseases.

Language barriers were perplexing. With a multinational clientele from approximately 33 countries who spoke numerous languages, communication was often difficult.<sup>10</sup> To circumvent these barriers, the nurses used flash cards, pointing to body parts, hand signals, translators, and—if all else failed—charades to communicate with patients. Other issues included finding a place to accommodate respiratory isolation patients and relearning the field expedient mindset to adapt available supplies and equipment to meet unanticipated needs.<sup>11</sup> With the extremely cold weather in January 1993, further improvisations became necessary. The -30° F weather caused everything—medications, intravenous fluids, K-thermia pads, and even lubricant jelly—to freeze. In the operating room, the nurses thawed medication vials by placing them in their clothing, close to their bodies. They put frozen water tubing in the overhead heating vents to obtain water. They shined high-intensity spotlights on intravenous bags to heat them. Captain Nelda Barnhill thought that this was "probably one of the most unusual things that has ever happened in operating room nursing." She added that the attempts to deal with the

subzero cold were “a group effort.” All were creatively thinking of ways to deal with the extraordinary circumstances and improve patient care.<sup>12</sup>

Despite wearing ungainly thermal underwear, all the nurses remained bitterly cold and uncomfortable. When they donned their issued bulky cold-weather garb, they felt like the “Michelin man” or the “Pillsbury doughboy.” The French soldiers, however, looked toasty warm, “slim, trim, and ready to move.” After talking to the French troops, the nurses discovered that they wore silk underwear. Soon most of the Army nurses ordered their own silk undergarments from catalogues and were much warmer and more comfortable. The women’s spirits skyrocketed as well, feeling their appearance and military bearing had been restored as they shed the cumbersome clothing.<sup>13</sup>

The hospital was much less busy than the staff originally expected. The EMT area, for example, treated from five to 20 patients on a typical day, and the patients were much less critical than those usually seen in an emergency room. The EMT, in effect, served as a sick call, predominantly caring for those with minor complaints such as colds and backaches. A few exceptions occurred when victims of motor vehicle accidents, land mine accidents, or patients with chest pain also were admitted.<sup>14</sup>

Although the operating room had four tables, it rarely used more than two tables at any one time, and the average number of surgeries was 1 case per day. Surgical procedures involved dental work for abscessed teeth or fractured jaws, treatment of orthopedic wounds resulting from land mines or missile injuries, abdominal cases from gunshot wounds, and vascular surgery required for wounds caused by detonated land mines.<sup>15</sup>

The normal daily census in the inpatient units, the Intensive Care Unit and the Intermediate Care Wards, ranged from 10 to 30 patients.<sup>16</sup> Because the workload was significantly lighter than expected, the commander sent 46 of the 212th MASH staff back to Germany two months before the unit’s scheduled redeployment.<sup>17</sup> He instructed them about being subject to recall within a 48-hour notice.<sup>18</sup>

After settling in Zagreb, the cohesive unit bonded with other U.N. forces in their surrounding area. Their activities and interactions helped to cope with the difficult circumstances of living and working in the frigidly cold, war-torn Balkans. These friendly, collaborative associations also were textbook examples of international diplomacy.

The congenial interactions took many forms in a number of venues. Several activities highlighting each nationality supplied a cultural awareness. Music also served as a means of communication and social support. Colonel Greg Stevens, the commander of the 68th Medical Group and Task Force 212, had packed amplifiers, speakers, keyboards, drums, and other musical instruments and formed a band whose specialty was 1960s and country music. The amateur musicians provided concerts on the tarmac that lightened the mood and provided a distraction for all.<sup>19</sup> All nationalities attended the sessions. At the final concert, more than 2,000 U.N. forces participated in the merriment. “There was a lot of people-to-people diplomacy going on” and many wide-reaching friendships formed.<sup>20</sup> Other



activities appealed to the nurses' aesthetic sense and cultural interests. One of the physicians was able to get blocks of tickets for concerts and ballets in Zagreb, and groups of the 212th MASH attended these performances.<sup>21</sup>

The 212th MASH also sponsored an untraditional triathlon with events including a five-mile run, three basketball free throws, carrying an egg in a spoon for 50 meters, and a bicycle ride. For those who could not ride a bicycle, pushing someone in a wheelchair for a mile was offered as a substitute. Those who could not participate in the race lined the course and either yelled encouraging words or shouted harassment, as they felt so inclined.<sup>22</sup>

The "Men of Anesthesia" also provided comic relief. On one occasion, the commander facetiously ordered them into his office, jokingly threatening them with disciplinary action. In mock retaliation, the "Men of Anesthesia" reversed the bills of their blue U.N. baseball caps, donned Blues Brothers sunglasses, and sauntered into Newcomb's office swinging their dog tag chains around their necks. All the hospital staff was consumed with mirth. To everyone's glee—including the commander's—the practical joke turned out to be a trick that backfired on him.<sup>23</sup>

Originally, the U.S. contingent was the only force to include female soldiers. Over time and successive rotations of personnel, other national groups also included female soldiers in their units. Some thought that the Americans demonstrated to all that women could function as well as men in tough environments. At least 60 percent of the Swiss group that subsequently rotated into Camp Pleso was female. Soon the women of many nations, including the Norwegian contingent and the female nurses and physicians from the U.S. Army, formed an international girls' club. Friendships developed. Barnhill recalled that it was "an educational experience; you couldn't match it anywhere else."<sup>24</sup>

In April 1993, just before their redeployment back to Germany, the 212th MASH sponsored a health fair. Organizers expected just a few hundred attendees, but more than 5,000 people representing all nations—military and civilian—participated. The fair's promoters offered many services, such as cholesterol screening and cardiovascular tests. They gave aerobic exercise demonstrations and served a nutritious lunch. But before eating, all had to attend and participate in a hand-washing demonstration.<sup>25</sup> The effects of the health fair likely exceeded the health benefits accrued.

The staff remained upbeat thanks to both the unit leadership and the attitude of the 212th MASH's rank and file. Their positive outlook and collaborative spirit have served as an example for humanitarian relief missions that increasingly have been conducted in an atmosphere of potential and sometimes actual hostility.

One month before the 212th MASH's deployment in Zagreb was to end, it had cared for more than 3,070 patients—both ambulatory and hospitalized—from more than 30 countries. Of these, 382 were wounded in the line of fire. The remainder represented disease or nonbattle injuries. Those killed from hostile action numbered 32.<sup>26</sup> At the conclusion of the mission on 27 April 1993, the 212th MASH counted 333 patient admissions and cared for an additional 3,666 as outpatients.<sup>27</sup>



A crane lifts a CONEX into place as part of the heightened security measures implemented during September 1993 by the 502nd MASH in Zagreb, Croatia.

Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

The 212th MASH redeployed to Germany on 28 April 1993. It handed over its mission responsibilities to the 502nd MASH with Major (P) Paul Chadek assuming the chief nurse role.<sup>28</sup>

The 185-strong staff of the 502nd MASH arrived in Zagreb, Croatia in three increments, from 26 to 28 April 1993, and remained in the country until 8 October that year, just shy of the 179 days that defined a temporary tour of duty.<sup>29</sup> The U.S. Air Force planes that delivered the incoming 502nd MASH from Nürnberg returned with 212th MASH personnel to Wiesbaden, limiting the lengthy overlap of personnel.<sup>30</sup> Upon arrival, the 502nd MASH fell in on the 212th MASH's hospital, equipment, and billeting tents.<sup>31</sup> The majority (165) of the 502nd MASH staff deployed from the 3rd CSH garrisoned at Nürnberg.<sup>32</sup>

Many of the experiences of the 212th MASH were replicated by the 502nd. Some things changed. During the 502nd MASH's deployment, the hospital gradually reduced from 60 beds to approximately 20 beds. The average daily hospital census at that time ranged from eight to 12 patients, and the staff created an isolation ward that later was converted into a children's ward.<sup>33</sup> Another improvement was the installation of the Remote Clinical Communications System at the 502nd MASH. This system allowed caregivers in Zagreb to send a voice message, a written consultation, and a digital color image by telephone line or satellite from the 502nd MASH to consultants at the 2nd General Hospital in Landstuhl, Ger-



After placement, the CONEX served as an underground area for patient treatment adjacent to the 502nd MASH in Zagreb, Croatia.

Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

many, or to Walter Reed Army Medical Center in Washington, D.C.<sup>34</sup>

Other changes involved the hostile threat and the level of security. In September 1993, the Serbs threatened to shell the Zagreb airport, and the hospital feared it would be caught in the crossfire.<sup>35</sup> Some mortar rounds actually passed over the hospital. To improve security, everyone began filling sandbags. The commander ordered the sandbags to be placed on the insides of tents to avoid looking “militaristic” as opposed to humanitarian. The hospital staff also dug trenches, hollowed out tunnels, and buried CONEXs (large, corrugated metal shipping containers) as underground bunkers. One of the bunkers unexpectedly caved in two days after it was built. Fortunately, no one was injured in the collapse, and no 502nd MASH member was hit by hostile fire.<sup>36</sup>

The mission, previously limited to caring for UNPROFOR participants, also underwent a metamorphosis. The 212th MASH was only allowed to care for non-UNPROFOR forces or local civilians “in emergency situations to save life, limb, or eyesight.”<sup>37</sup> The 502nd MASH, however, began to accept a wider variety of patients. Captain Kevin Galloway stated that whenever patients made it into the EMT, they were accepted automatically into the hospital. Virtually anyone who showed up received care, as the acceptance policy expanded to include children.



Lieutenant B. Baker makes her way to a shower with a smile on her face after a dirty day of sandbagging to reinforce and secure the 502nd MASH hospital tents in Zagreb, Croatia.

Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

This was a difficult challenge because the hospital had no pediatric supplies or equipment and the nurses had limited experience with pediatric patients. Gallo-way recalled two children as his most memorable patients. A young brother and his sister came from the village of Mostar. The siblings, both Muslim, were victims of sniper fire who first received care in their local hospital where conditions were “bad—minimal drugs, minimal staff, minimal equipment.” The hospital in Mostar had amputated the sister’s arm without benefit of general anesthesia. The boy had part of his foot amputated as a result of infection. Initially, both children—who spoke hardly any English—were petrified whenever the 502nd





Captain Jacqueline Schulz (left), an unidentified Air Force nurse (center), and Captain Genevieve Grossnickle (right), share information about the hospital and its operation in Zagreb, Croatia, during the week-long staff transfer from the Army's 502nd MASH to the Air Force's 48th Air Transportable Hospital in October 1993.

Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

MASH nurses carried out a simple procedure such as a dressing change. Eventually, however, both adjusted to the Americans, recovered, and returned to their home in Mostar.<sup>38</sup> Captain Jacqueline Schulz recalled a pediatric patient who had memories of having an endotracheal tube placed while fully conscious at her local Yugoslavian hospital. The mere thought evoked painful images. Later, Schulz pondered the brutal, senseless discord in Yugoslavia:

I just think it's a waste of life. I just see that the cruelty that they inflict upon each other is just unbelievable. . . . To see the injuries that they [the children] had to suffer for no reason. They were innocent. . . . And to have them come in with pieces of their body missing, an arm, and shrapnel in their face and scarred for life. . . . Men should be able to sit down and talk things out. . . . but I'm here to take care of the injured and the sick. So that's the best I can do.<sup>39</sup>

Schulz' thoughts echoed sentiments expressed by Army nurses in all previous conflicts.

The 502nd MASH redeployed to Germany on 8 October 1993. The Air Force's 48th Air Transportable Hospital, the 48th Medical Group, from Lakenheath, Eng-

land, took charge of the existing facilities.<sup>40</sup> The two units had a weeklong hand-over. Lieutenant Scott McDannold recalled that the Air Force nurses spoke of things to change and improvements to make, adding that he “thought it was great, because that’s how the process works.” McDannold felt that the incoming Air Force nurses “were super, and real impressed” with the set-up. In summary, he “was kind of sad to leave, because it was an interesting mission.” The Navy’s Fleet Hospital replaced the 48th Air Transportable in March 1994. Fleet Hospital 5 then took over the facility in August 1994, followed by the 60th Medical Group from Travis Air Force Base, California, and later the 74th Medical Group.<sup>41</sup>

Overall, these early deployments illustrated the concept of mission creep. At the outset, the Army narrowly defined the clientele to be supported. As time passed, the parameters of the patient population expanded to include any and all sick or injured persons. The single criterion was that the patient needed medical care. The character of the deployment also evolved. What began ostensibly as a secure, nonhostile mission over time degenerated into service in the line of fire.

Following the redeployment of the 502nd MASH from Zagreb, Croatia, civil unrest smoldered and flared for years in the Balkans. In 1993, a series of protracted peace talks began that culminated in the Dayton Peace Accords, or the General Framework Agreement for Peace, negotiated in Dayton, Ohio, and signed in Paris on 14 December 1995. As 1995 came to a close, Operation Joint Endeavor monitored and enforced the General Framework Agreement for Peace to establish peace and stability in the region.<sup>42</sup> Simultaneously, the North Atlantic Treaty Organization (NATO) imposed a cease-fire and the four-year conflict slowed. The U.N. coalition adopted the Implementation Force and, later, the Stabilization Force as peacekeeping apparatus. The U.S. element of the Implementation Force took the name of Task Force Eagle. Its mission was to enforce the withdrawal of various warring factions to specified locations and to provide a safe and secure setting to ensure peace in the breakaway republics of Yugoslavia and surrounding countries.<sup>43</sup>

Several U.S. Army units provided health service support for Task Force Eagle during its tenure in the former republic of Yugoslavia. Among them were elements of the V Corps’ 30th Medical Brigade, the 212th MASH, the 67th CSH, and the 84th Medical Detachment (Combat Stress Control) from Fort Carson, Colorado.<sup>44</sup>

Many of the troops, predominantly 1st Armored Division soldiers bound for Task Force Eagle, staged in Hungary before crossing the border into Bosnia to implement their peacekeeping mission. Task Force Eagle’s combat service support elements also deployed to Hungary and set up at Taszar Air Base, an abandoned Russian MIG installation.<sup>45</sup> The 67th CSH from Würzburg was one of the units at Taszar.

Hints of the 67th CSH’s imminent mobilization to the Balkans circulated through the corridors of the Würzburg hospital as early as the summer of 1995. The rumors became more plausible when the unit participated in two-week multinational field exercises in September and November 1995. Colonel William T. Bester, chief nurse of both the 67th CSH and the Würzburg hospital, received the



Chief nurse Colonel William Bester (far right) confers with (from left to right) Colonel Homer Wright, commander of the 67th Combat Support Hospital, Command Sergeant Major Craig Dunbar, Command Sergeant Major of the 67th Combat Support Hospital, Lieutenant General John Abrams, the V Corps commander and commander of the deployment, and Major General Jim Wright, commander of the logistical component of the deployment. The group met inside the 67th Combat Support Hospital compound.

Photo courtesy of Brigadier General William Bester, Silver Spring, MD.

unit's alert notification on 11 December 1995, informing him that a contingent from the 67th CSH would deploy the next afternoon. The hospital commander informed Bester that he would serve as the interim hospital and medical task force commander, pending the arrival of the permanently designated commander, Colonel Homer J. Wright.<sup>46</sup> Despite the extremely short notice and the timing of the deployment just before the holiday season, the nurses' response was "nothing short of spectacular."<sup>47</sup>

To maintain quality health services in Würzburg, Heidelberg, and Landstuhl after the 67th CSH left, Health Services Command initially backfilled the institutions with 135 U.S. Army Reserve (USAR) Army Medical Department reservists from the 4005th U.S. Army Hospital based in Houston and Lubbock, Texas; 134 members of the 5502nd U.S. Army Hospital, a USAR hospital unit stationed in Aurora, Colorado; and a smaller number of soldiers from several other USAR units. Their tour of duty extended to 140 days. Several from the first rotation of reservists volunteered to remain in Europe to augment a second 140-day cohort staffed by reservists predominantly from the 88th and 89th Regional Support



Commands variously home-located in the Midwest—Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, and Kansas.<sup>48</sup> A third group of 340 reservists replaced the second cohort, and 81 of the third group subsequently volunteered to extend and serve with the fourth team. The fourth team was 258 soldiers strong. Most of the latest team came from units of the 8th Medical Brigade stationed in New York and New Jersey.<sup>49</sup>

The deploying 67th CSH contingent included 44 Army Nurse Corps officers and 116 enlisted nursing personnel. After their arrival in the Balkans, one Army nurse and four enlisted medics were detailed from the 67th CSH to the Sava River area in early January 1996 to support the 212th MASH Forward Surgical Element operating there.<sup>50</sup>

From Würzburg, the 67th CSH troop began its 42-hour train ride that ended in Tazsar on 14 December 1995. They immediately offloaded their equipment and billeted themselves in a derelict Russian barracks that had remained empty for five years. At first, no running water was available, but within a few days, the pipes produced cold water. After a week, hot water was available and the appreciative nurses all had their first showers in two weeks. Bester was billeted on a top bunk in a 12-foot-square room with seven other male soldiers. All meals consisted of T rations and ready-to-eat meals and no alcohol was allowed.<sup>51</sup>

The ban on alcohol was announced in Task Force Eagle General Order No. 1. Most acknowledged that the ban was a wise move that prevented unfavorable incidents, ultimately garnered the respect of other coalition forces, and made the American soldiers “stand taller” than their counterparts from other nations. Regulations that stipulated that the U.S. Army always wear “battle rattle” (Battle Dress Uniforms: waterproof pants and parka, rifle or pistol and ammunition, load-bearing suspenders and belt, two canteens and cup, first aid kit, helmet, boots, wool sweater and gloves in cold weather, and a body armor vest) outside the compound also made the U.S. contingent “stand out as more soldierly.” These precautions likely contributed to the low levels of accidents and illness.<sup>52</sup>

Bester joked that the primitive living arrangements were by no means the way he had envisioned his life would be at age 45. The prevailing esprit de corps counterbalanced the primitive conditions. All the nursing personnel pitched in and helped to erect the DEPMEDS. Bester thought that “their morale [was] extremely high & they have provided very strong support systems for each other.” He concluded, the “future of the Corps is in very good hands if these folks are an indicator of our young officers & enlisted nursing personnel.”

A small helicopter pad was the site of the rudimentary hospital that included one operating room and central material supply, four inpatient beds, and an emergency room. As time passed, the Area Support Group made more land available, and the 67th CSH enlarged its facility to include 52 operating beds, two operating rooms, and various support services such as clinics, pharmacy, labs, and administrative activities.

The patient load was light. The hospital census on the wards ran about 10 to 15 patients daily. The emergency room and clinics combined treated about 50



Major Dan Zimmerman, Family Nurse Practitioner (left), and Colonel William Bester (right) pause for a moment between the front entrance of the 67th Combat Support Hospital and the flightline located in Taszar, Hungary.

Photo courtesy of Brigadier General William Bester, Silver Spring, MD.

patients each day.<sup>53</sup> By July 1996, little had changed. The staff's spirits and their work ethic remained high, while patient activity was low. By then, the 67th CSH had hospitalized a cumulative total of about 450 active duty soldiers. They tallied 8,500 outpatient visits and performed approximately 40 surgical cases.<sup>54</sup> The first rotation from the 67th CSH redeployed to Germany in the summer of 1996.<sup>55</sup>

Elements of the 212th MASH also deployed to the Balkans in 1995 and remained through 1996. As the last standing MASH in the active Army, it supported V Corps in Europe.<sup>56</sup> The unit conducted a number of split base operations in the former Yugoslavia during 1996, including a parachute jump into Slavonski Brod, Croatia. The 212th MASH's final move in 1996 was to set up at Blue Factory situated adjacent to Guardian Base in Tuzla, Bosnia-Herzegovina. Named because of the buildings' blue color, the Blue Factory was formerly a truck stop, and personnel adapted its various rooms for a medical mission. It served as the central location for health service support in Bosnia.<sup>57</sup>

After several months, other hospital units rotated into Guardian Base and operated the facility at Blue Factory. The 21st CSH deployed from Fort Hood, Texas, in November 1996. During its deployment, the unit's deputy commander for nursing, Lieutenant Colonel Gail Ford, made it a personal goal to further develop her



This is the exterior view of the 67th Combat Support Hospital, Taszar Airfield in Hungary in February 1996. The 52-bed hospital performed all the functions of a typical stateside hospital during Operation Joint Endeavor.

Photo by Sergeant Larry Aaron, 55th Signal Company (Combat Camera). Courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

already proficient staff and advance their nursing and soldier skills. She strongly encouraged fitness activities and supported the enhancement of professional knowledge. To boost their versatility, Army nurses cross-trained in various specialties. For instance, one obstetrics/gynecology nurse worked in the emergency room where Major Richard Ricciardi, the unit's head nurse, helped her add valuable new knowledge and skills to her repertoire. Assigned to the intensive care unit, a pediatric nurse acquired critical care nursing expertise under the mentoring of Major Linda Hundley, the unit's head nurse.

The patients cared for at the 21st CSH were a mix of battle wounds such as land mine accidents, shrapnel injuries, or chest wounds, and diseases such as common colds and appendicitis. The average number seen at daily sick call ran between 25 and 30 soldiers. Although the hospital operated 19 beds, only about four or five were filled at any one time. When the unit redeployed to Fort Hood in April 1997, Ricciardi expressed his hope that "we've done something to assist the different factions here to get over their problems and be better off when we leave." Two reserve units, the 405th CSH from West Hartford, Connecticut, and the 324th CSH from Perrine, Florida, assumed the mission after the departure of the 21st CSH.<sup>58</sup>

In October 1997, the 396th CSH, a USAR unit out of Vancouver, Washington,





Major Charles Lutz (left) and Major Richard Ricciardi (right) pause for a moment at the perimeter of the 21st Combat Support Hospital compound. Lutz served as head nurse of the hospital's operating room, while Ricciardi was head nurse of the unit's Emergency Medical Treatment section from November 1996 to April 1997.

Photo courtesy of Colonel Richard Ricciardi, Rockville, MD.



Lieutenant Colonel Gail Ford, chief nurse of the 21st Combat Support Hospital, stretched her legs at a roadside rest stop with part of a convoy that was traveling the road from Tuzla to Sarajevo. A few key personnel made the trip there to coordinate with British Forces who had responsibility for that sector and were headquartered in Sarajevo. Land mines frequently were embedded on the shoulders of the roads making the trip a dangerous endeavor.

Photo courtesy of Colonel Gail Ford, Atlanta, GA.





Lieutenant Colonel Gail Ford, chief nurse of the 21st Combat Support Hospital, poses with a friendly Norwegian Army Medical Major whose unit was co-located on the compound at the Blue Factory just outside Tuzla, Bosnia-Herzegovina.  
Photo courtesy of Colonel Gail Ford, Atlanta, GA.



Pictured is Colonel Kristine K. Campbell (center) with Brigadier General Pat Anderson (left), Individual Mobilization Augmentee to the chief, Army Nurse Corps, and Brigadier General Donna Barbisch (right), Chief Nurse, 3rd MEDCOM. Anderson and Barbisch met the 396th when it arrived in Atlanta on the way home from its deployment.

Photo courtesy of Brigadier General Kristine K. Campbell, Longview, WA.

took over the mission at the Blue Factory.<sup>59</sup> Colonel Kristine K. Campbell, the 396th CSH's former chief nurse, assumed command of the hospital, becoming the first USAR nurse to command a field hospital overseas in a hazardous duty area. Colonel Sarah Nordquist served as the 396th CSH's chief nurse in this time frame. The unit brought together soldiers from many different locations and institutions in the northwestern United States. The 396th CSH claimed a number of distinctions and strengths such as "a lot of different ideas and ways of doing things," including many soldiers "with relatively low rank [who had] 20–25 years of experience in their field" and contributed "a richness of experience and knowledge base" to the Bosnia mission.<sup>60</sup> From April to October 1998, elements of the 67th CSH again deployed to Bosnia to support Task Force Eagle. With Lieutenant Colonel Barbara Bruno as chief nurse, it too set up operations in Blue Factory.<sup>61</sup>

Other hospital units rotated through Tuzla, including the 41st CSH based at Fort Sam Houston, Texas, and the 10th CSH garrisoned at Fort Carson, Colorado. All functioned in a semipermanent wooden-framed structure surrounded by TEMPERs (soft-sided DEPMEDS structures), MILVANs (containers for overseas or ground movement of military cargo), and ISOs (hard-walled DEPMEDS structures). This camp was located 20 minutes from downtown Tuzla, tucked between





Pictured is Colonel Kristine K. Campbell (left) with Captain Shawnda Zuegner (right), Company Commander with 261st Medical Battalion in Bosnia.

Photo courtesy of Brigadier General Kristine K. Campbell, Longview, WA.

the air base and helipad and the main thoroughfare into Eagle Base.<sup>62</sup>

A contingent of the 21st CSH deployed again from Fort Hood, Texas, to Bosnia and staffed the hospital facility during the first months of 2000. The 21st CSH staff thought their interactions with military nurses from coalition countries were some of their most memorable experiences in Bosnia. Five U.S. Army nurses spent time at Camp Oden, the Swedish camp, where they discovered that the military nurses from Sweden had significant autonomy in their practice. For example, in emergency situations these professionals were authorized to administer drugs such as atropine, valium, and morphine without physician oversight. The Swedish nurses also ran their soldiers' sick call. They were members of a rescue-evacuation team that operated out of a Finnish Armored Personnel Carrier transformed into an ambulance and also served with an Explosive Ordnance Disposal team, available to provide emergency care when team members were injured. The Army Nurse Corps officers of the 21st CSH also visited the Russian hospital situated nearby in Uglovik and the local Bosnian hospital, the Univerzitetski Klinicki Centar, in Tuzla. They benefited professionally and personally "from many of the unique learning experiences available" and concluded that their part of the multinational involvement contributed to the country's evolution and stability.<sup>63</sup>

Likewise in 2000, the 115th Field Hospital (FH) deployed from Fort Polk, Louisiana, and operated its 20-bed (expandable to 40) hospital on Eagle Base in sup-

port of a National Guard division from Texas, the 49th Armored Division. Major (P) James Larabee led the hospital's staff of 10 Army Nurse Corps officers.<sup>64</sup> The nurses' goals were to provide patient care and to develop and sustain a sound educational system. To develop the staff's field nursing skills, classes convened on a variety of subjects from Combat Life Saver to trauma nursing courses. Military training involved collaborating with NATO counterparts using their equipment—for example, a Danish armored ambulance and a British CH-47 Chinook helicopter. Several Army nurses became members of the Forward Area Medical Team and helped to extricate patients with air ambulance assets using a Sked litter and a jungle penetrator after being lowered from a hovering UH-60 Black Hawk helicopter on an extraction hoist.<sup>65</sup> Lieutenant B. Eli Seeley found that “during daylight, this task is educational,” but at night using night vision goggles, “the word extraction takes on a whole new meaning.” The 115th FH nurses also availed themselves of educational ventures and recreational excursions that provided a window into the surrounding ancient eastern European culture. They visited other U.S. camps, NATO installations, centuries-old castles, local hospitals, and schools.

Having pondered his deployment to the Balkans, Seeley wrote about his experience:

Deploying with the United States Army is challenging and rewarding at the same time. It represents what makes an Army Nurse Corps officer's job different and unique from their civilian counterparts. Besides having to leave loved ones stateside, this deployment represents the times that these officers will remember most fondly about their career with the military.<sup>66</sup>

As 2000 came to a close, the 44th Medical Brigade, headquartered at Fort Bragg, North Carolina, assumed responsibility for five sequential six-month deployments in support of Task Force Med Eagle in Bosnia-Herzegovina. These rotations covered the mission from September 2000 through March 2003. The first 44th Medical Brigade unit to fulfill this requirement was the 249th General Hospital (GH) from Fort Gordon, Georgia.

Extensive preparations preceded the 249th GH's deployment and focused on the U.S. Army Europe, NATO, and U.S. Army predeployment requirements. Personnel, including 10 nurses, began their training in July and August 2000 with three days of instruction focused on Common Task Training, equipment issue, and mission briefs; and sessions on MEDEVAC procedures, the Law of Land Warfare, antiterrorism measures, and security. Individual Readiness Training then followed during the hot summer Georgia days.<sup>67</sup> Lectures and briefings highlighted the Balkans' culture and turbulent history, Rules of Engagement, force protection, land mine awareness, convoy operations, environmental hazards, and media interactions. The second day of training involved practical field exercises in full “battle rattle.” Next came a Mission Rehearsal Exercise at Fort Polk, Louisiana where briefings informed the deploying soldiers about the multinational chain of command, quality of life, personnel and finance subjects, geography, and the meteorological and political climate.

Once the 249th GH arrived in Bosnia, the turnover from the 115th FH to the

249th GH commenced. The Balkan Theater of Operations policy was to implement “an intentional, two-week overlap, . . . the ‘Right Seat/Left Seat Ride’,” as it was called. At first, the incoming unit occupied the right seat of the car, observing their predecessors in action and receiving an orientation to their new environment. A mass casualty exercise demonstration occurred during the right seat ride portion of the changeover. During the subsequent left seat ride, the 249th GH, the incoming unit, sat in the driver’s seat and took control of the facility with the 115th FH, the departing unit, watching and advising.<sup>68</sup> After the transfer of authority, the 115th Field Hospital then redeployed to its home station.

In December 1995 Major Kathryn Gaylord, a psychiatric clinical nurse specialist, deployed from Fort Carson, Colorado, to Bosnia-Herzegovina. Her unit, the 84th Medical Detachment (Combat Stress Control), was a combat stress control detachment. As Officer in Charge of the Combat Stress Control’s Restoration Unit, Gaylord operated out of an abandoned oil refinery at Kukavac, Bosnia. The Restoration Unit’s mission was to treat combat stress according to the “four Rs”—rest, restore physiologic status, reassurance of normalcy, and expect a return to duty.

The Restoration Unit team consisted of the Officer in Charge, an occupational therapist, a wardmaster, a ward clerk, and five behavioral science specialists, psychiatric technicians, or occupational therapy aides. As Officer in Charge, Gaylord oversaw general operations, staffed the unit, scheduled its personnel, and provided direct clinical services for soldiers in her caseload. She also collaborated with psychiatrists to ensure that soldiers admitted to the unit received the best care.<sup>69</sup> The occupational therapist developed and administered the stress program. The wardmaster and ward clerk dealt with day-to-day details to ensure that the unit ran smoothly. The five enlisted staff provided direct one-on-one clinical support to soldiers participating in the program.

The Restoration Unit admitted most soldiers for three to seven days, with the average stay being six days. Over its yearlong deployment, the unit treated 123 soldiers with battle fatigue, and 105 (85 percent) soldiers successfully returned to duty.<sup>70</sup> In fostering adaptation to combat stress, the services offered by the Restoration Unit made a major contribution to the success of the Task Force Eagle mission.

The deployment to the Balkans was not a benign process for those who participated. All the phases—predeployment, deployment, sustainment, redeployment, and postdeployment—were highly stressful. Every day traumatic experiences in the combat zone confirmed the long-ago learned lesson on the importance of stress management.<sup>71</sup>

After the successful September 1996 elections in Bosnia and the completion of the Implementation Force mission, the United Nations reduced its military presence to consolidate and stabilize the peace.<sup>72</sup> This signaled the conclusion of Operation Joint Endeavor and the beginning of Operation Joint Guard, a Support and Stability Operation.

With the new U.N. mission, peace still proved to be an elusive goal in the Balkans. The 1st Infantry Division, the Big Red One, which relieved the 1st Armored Division, was called on frequently to intervene and control altercations between

the still warring factions.<sup>73</sup> Conditions deteriorated into 1999. Military forces from the Federal Republic of Yugoslavia and the Kosovo Liberation Army constantly clashed as ethnic tensions claimed many lives and created about a million civilian refugees. U.N. Security Council Resolution 1244 then authorized the formation of the Kosovo Force, which entered the former republic of Yugoslavia on 12 June 1999 in yet another effort to establish and maintain peace in Kosovo, but the U.N. effort proved largely unsuccessful.<sup>74</sup> In the interim, however, Task Force Hawk and Task Force Falcon were implemented to bring stability to the Balkans.

In April 1999, a Contingency Medical Force (CMF) drawn from the 212th MASH deployed to support Task Force Hawk at Tirana-Rinas Airport in Albania.<sup>75</sup> With a 72-hour evacuation policy, this MASH slice provided surgical resuscitation and hospitalization for approximately 5,000 U.S. forces that had deployed to Albania to stage 24 AH-64 Apache helicopters and operate several Multiple Launch Rocket System batteries for deep strike operations into Kosovo.<sup>76</sup> Lieutenant Colonel Suzan Denny served as chief nurse and executive officer of this mission with a staff of three operating room nurses, three anesthesiologists, and four critical care nurses.<sup>77</sup> The 212th CMF remained in Albania until June 1999.<sup>78</sup> During their 67 days in country, the unit was extremely busy and had many “wild adventures”:

We met the challenges of a base camp [erected on an unstable foundation of mud and sand dunes], found ways to make a home wherever the Kevlar went, and found new friends in an austere, humble but comfortable environment. We had some incredible trauma patients . . . had the “Appy” of the week club, and performed some awesome repairs for lacerations and fractures. We responded magnificently to a mass casualty situation—12 patients from a C130 crash. . . . We didn’t have a single death at Task Force Hawk, an amazing feat considering two forklift rollovers down a ravine and heavy equipment moving around soldiers on the ground in the dark. We learned a lot about ourselves, our capabilities, our training requirements and the military, and we got to watch great leaders and great people make things happen all around.<sup>79</sup>

In June 1999, the 212th CMF moved to Camp Able Sentry in Macedonia in support of another mission, Task Force Falcon.<sup>80</sup>

On 3 April 1999, the 67th Forward Surgical Team (FST), an element of the 67th CSH, deployed from Würzburg into Camp Able Sentry, Macedonia, along the Serbian border to support Task Force Falcon. The FST later moved 30 miles forward to Camp Bondsteel near Urosevac, Kosovo, on 16 June 1999, and set up its facility in eight hours. The staff accepted their first patient, a mine blast casualty, only 24 hours later. The 67th FST was the only unit providing resuscitative surgery for the entire month and served as interim medical support until the 67th CSH (Forward) arrived in the country in July 1999. The 67th FST redeployed in July 1999.<sup>81</sup>

On 10 July 1999, the 67th CMF deployed from Germany to Kosovo to support Task Force Falcon. With Colonel Russell Taylor, an Army Nurse Corps officer, as commander and Major Jimmie O. Keenan as chief nurse, the unit set up on a wheat field at Camp Bondsteel, in Kosovo.<sup>82</sup> One day after their arrival, the staff erected their 32-bed (expandable to 52 beds) hospital and on 14 July 1999, just a few hours after opening, admitted its first two patients, both victims of

gunshot wounds. The 67th CSH initially resuscitated both, who also received interim treatment from the 212th MASH before being transferred to the 67th CMF.

From the outset, the 11-strong nursing staff of the 67th CMF was unexpectedly inundated with victims of trauma.<sup>83</sup> On their second day of operations, for instance, a visit by the chairman of the Joint Chiefs of Staff, General Henry Shelton, coincided with the arrival of five casualties from a grenade blast. Keenan explained, "General Shelton got to see us in action! He even offered to start an IV!" The majority of patients treated were local nationals and most involved complex trauma cases whose wounds resulted from high- and low-velocity weapons, artillery, mortars, grenades, unexploded ordnance, beatings, or stabbings. The 67th CMF treated 56 trauma patients during its first month of operation.<sup>84</sup> After several months of an almost constant surgical workload, however, the small operating room staff was nearing total exhaustion, often operating for 20 hours a day. With grave concern for their welfare, Taylor planned the rotation of an entire surgical team (surgeons, anesthetists, operating room nurses, and technicians) in from Europe for a week to give those in Kosovo some respite. The plan never came to fruition, however, because after about 45 days, the volume of trauma and likewise the volume of surgical procedures gradually decreased.<sup>85</sup>

The staff of the 67th CMF developed an exit strategy consisting of two goals to ease their departure from Kosovo. The first goal was to assist two civilian hospitals in the area to rebuild and eventually assume the health care responsibilities formerly carried out by the 67th CMF. The second goal, a humanitarian mission, was to adopt a local school. All the nearby institutions were in ruins. Most had no electricity, running water, windows, sewer systems, or furniture. Graffiti and filth abounded. To correct these deficiencies, the staff partnered with nongovernmental organizations, the hospitals' staff, and the school's teachers, parents, and pupils to fix the facilities.<sup>86</sup>

At the Ferizaj Hospital in Kosovo, for instance, the mission was to return the hospital "to pre-war standards, so they can eventually assume the health care of their own population." Teams from the 67th CMF rewired the hospital's electrical system and renovated the emergency room. They installed two washing machines in the hospital basement. In the operating suite, they mounted lighting and accessories and set up anesthesia apparatus, EKG machines, a portable x-ray, a sterilizer, and three infusion pumps.<sup>87</sup>

In the sponsored school, the soldiers and students, teachers, and parents painted, cleaned, swept, repaired, and fabricated. The teams' efforts contributed to reopening the building and regenerating its equipment, and soon students were able to return to their lessons. Soldiers and locals with carpentry skills also built swing sets on the school grounds, a first in the memories of Kosovars. The swings were suspended with nylon ropes but were so popular and so heavily used that chains had to be installed to replace the worn nylon ropes. It was not unusual for 60 to 70 children to form a line to wait to use the playground equipment. The idea was so successful that the nongovernmental organization installed nine swing sets on the grounds of various Kosovar schools. The task force also set up a basketball hoop,

and the soldiers taught the children the basics of the game.<sup>88</sup>

The involvement with local nationals generated many positive effects. The example of the racial and ethnic blending of a diversity of U.S. soldiers—blacks, whites, Hispanics, Asians, Hindus, and Muslims—all working peacefully together toward a common goal served as a model of nonviolent collaboration for the Serbs and Albanians. The volunteer efforts also affected the soldiers. Although most worked 80-hour weeks at their 67th CMF workstation, the majority spent all their free time striving to improve the lot of local nationals. The involvement provided them with a distraction and gave them an enhanced sense of accomplishment.<sup>89</sup> It also kept them upbeat and vigilant. Taylor acknowledged the reality:

The biggest challenge that any leader has in this kind of environment is fighting complacency. Even when the soldiers are busy, injuries and deaths . . . happen when a soldier loses his focus. . . . And it's dangerous when the mind drifts, when you start taking shortcuts, when you start thinking about home. . . . Most of the injuries and some of the deaths that we had were caused because soldiers lost their focus, sometimes for just a moment. . . . And my biggest challenge was not having my soldiers hurt for that reason.<sup>90</sup>

During their deployment, the 67th CMF became convinced that honing combat nursing skills was imperative. Keenan encouraged all nurses to participate in the Combat Trauma Nurse, Advanced Cardiac Life Support, Basic Cardiac Life Support, and Pediatric Advanced Life Support courses before future deployments. Similarly, the nurses ascertained the importance of teamwork and cross-training so that all nursing staff were capable of working in any section of the hospital whenever circumstances dictated. The attribute of adaptability—so imperative in field nursing—stood in sharp contrast to the emphasis on specialization so prevalent in peacetime settings. To shift from being a specialist to a generalist and learn new skills required flexibility, energy, focus, and a sense of commitment.

The staff also understood the necessity of dealing appropriately with the media and other official delegations, discovering quickly “that anything you say can later be quoted out of context!” To prevent embarrassment, they printed PowerPoint slides to highlight their capabilities and prominently displayed the information by the entrance to every section. They encouraged all staff to improve their public speaking skills and better interact with the media. The first iteration of the 67th CMF redeployed completely to Germany by December 1999 but before their departure they provided a right seat ride for their replacements, the second rotation of the 67th CSH.<sup>91</sup>

The second element to man the facility at Camp Bondsteel, Kosovo, Task Force Med Falcon 1B, consisted of 12 Army Nurse Corps officers who staffed a new CMF from the 67th CSH in Würzburg from December 1999 to March 2000. Major Shelley A. Rice served as chief nurse.<sup>92</sup> The 160th FST and later the 250th FST augmented the task force.

In September 1999, the 160th FST activated at Landstuhl, Germany, as an element of the 212th MASH. With Major Rebecca Yurek as chief nurse, the team participated in the Combined Maneuver Training Center exercise Maroon Forge in October 1999. This exercise identified equipment and supply deficiencies that





In the summer of 1999, all soldiers of the 212th MASH pitched in to erect their TEMPER tents after their move from Albania to Macedonia.

Photo courtesy of Major Teresa Duquette-Frame, Bowie, MD.

were subsequently corrected.

In December 1999, the unit deployed to Camp Able Sentry, Macedonia. Throughout the winter, the 160th FST provided a surgical capability for the staging base located there and fielded a DEPMEDS slice or section that included an ISO (hard-walled DEPMEDS structure) operating room suite and a four-section TEMPER for immediate pre- and post-operative care. The 250th FST, a Forces Command unit, replaced the 160th FST in February 2000 and remained in Macedonia until 1 August 2000.<sup>93</sup> At that time, the U.S. Army, Europe commander agreed that an immediate replacement FST need not be waiting in the wings because all concurred that the FST's participation was only imperative from October through March when the winter weather precluded easy evacuation.<sup>94</sup>

The 160th FST handled surgical cases in Macedonia, and the second iteration of the 67th CMF treated similar cases in Kosovo.<sup>95</sup> During their rotation, the latter dealt with approximately 24 to 35 trauma cases per month. The 67th CMF also began a Gnjilane Hospital support program, offering training and assistance in nursing topics and general and orthopedic surgery and staffing Medical Civilian Assistant Program outreach operations. It concluded its tour of duty with an eight-day Right Seat/Left Seat Ride program. The second iteration of the 67th CMF redeployment to Germany was completed by 2 April 2000.<sup>96</sup>





Captain Teresa Duquette (left) and Lieutenant Amy Weston (right), 212th MASH operations officers, rest after their strenuous efforts setting up the unit in Macedonia.  
Photo courtesy of Major Teresa Duquette-Frame, Bowie, MD.

During the summer of 1999, the element of the 212th MASH supporting Task Force Hawk in Tirana, Albania, shifted its mission and moved to Camp Able Sentry in Skopje, Macedonia, to support Task Force Falcon. Within 48 hours, Captain Carla Buckles wrote, the 212th MASH was “locked and loaded for movement.” The journey from Albania, to Macedonia, however, turned into quite an adventure. Originally projected to take 15 hours, the lengthy convoy of military vehicles and civilian buses took almost 24 hours, traveling an average speed of five miles per hour to its destination. In Albania a five-ton truck “failed to make it up a last hill,” so in the Albanian mountains overlooking Lake Ohrid, the troops spent the night camping out and yes, as Captain Kimberly Crossland shared, it rained. Three more vehicle breakdowns ensued, involving an overheated truck, a broken bus axle, and a flat tire on another bus. According to Captain Terry Duquette, “perseverance prevailed, the obstacles were overcome and we rolled into Camp Able Sentry 23 hours later.” Captain Javier Altamirano was “proud to have been part of this convoy . . . and will always cherish these memories.”<sup>97</sup>

Within six hours after the pallets were offloaded, the unit had set up its facility.



Captain Teresa Duquette, head nurse of the Emergency Medical Treatment section of the 212th MASH's Crisis Medical Force, halts briefly in front of her duty section.  
Photo courtesy of Major Teresa Duquette-Frame, Bowie, MD.

Major Karen Morris saw that “practice makes perfect . . . that was truly evident as we set up the hospital the second time around.” Everyone was “now an expert on TEMPER and we are experimenting with new and innovative ways to internalize and operate in our sections.” Anesthetist Captain Paul Barras also was experimenting with new equipment, an anesthesia machine, the Narkomed M supplied courtesy of the 30th Medical Brigade in Germany. The state-of-the-art equipment soon found good use, as Captain Sarah J. Krajnik wrote, because two trauma patients with gunshot wounds arrived at the MASH facility within 12 hours of its arrival in Macedonia. The whole deployment was challenging but the nurses coped. Captain Mike Rizzo recounted the lessons learned from the 212th MASH CMF deployment. He advised, “Laugh . . . it is better than the alternative,” and warned, “Take little (if nothing) for granted, it can only add to your happiness.”<sup>98</sup>

A right seat ride with the 67th CMF 1B team took place almost immediately. Then the 212th MASH CMF was ready to assume the mission.<sup>99</sup> The unit’s workload remained challenging, and in the unit’s first 30 days of operation, it treated 46 cases of trauma and 19 major medical patients.<sup>100</sup> When not caring for these complex cases, however, the Army nurses upgraded the skills of the nurses at the local Gnjilane Hospital. Denny worked with local officials to identify deficiencies and coordinated with her staff to create and present appropriate instruction. Captain Diana Deschamps, the CMF’s Intermediate Care Ward head nurse, collaborated with the local nurses to devise a curriculum, brief the interpreters, and prepare the Army nurses who would teach the courses. They taught classes on life support, trauma care, basic nursing skills, and aseptic technique to about 30 local nursing staff. The American nurses also taught local national patients a variety of skills such as wound care and home nursing techniques. All these efforts contributed to the rehabilitation of the country’s medical infrastructure.<sup>101</sup>

The 212th CMF staff also found time to improve and refine the DEPMEDS set-up. Changes included the addition of “isolation rooms and private ER exam rooms (plywood cubicles with air vents [for] proper air movement), and flush toilets!” Denny recalled:

There were a lot of great patient care stories/challenges, from newborns left to die in the cold and successfully resuscitated and later adopted despite few of the facilities being prepared to deal with infants and pediatric cases. [The hospital admitted] a 2 yr old with necrotizing fasciitis [that involved] ICU care, daily debridement, starting TPN [total parenteral nutrition] that was urgently obtained thru the evac system in Germany, . . . [They also treated] an 8 yr old with several GSW (most severe shot blew out her humerus [sic]), requiring bone grafts and internal fixators that [were] obtained from a Germany field hospital. . . . Her arm maintained almost full return of function. The challenges of nursing in an austere field environment [were] amazing.

Denny added that during this rotation, the 212th CMF utilized the cutting-edge Life Support for Trauma and Transport system, an Intensive Care Unit litter that allowed for safer patient movement, for the first time.<sup>102</sup>

On 28 April 2000, replacements, also from the 212th MASH, incrementally took over while the original 212th staff members returned to Germany. Although the staff changed and equipment was upgraded, the daily quota of trauma pa-

tients remained constant. Between 28 April and 28 September 2000, the new staff cared for more than 339 trauma and major medical patients at their new location at Camp Bondsteel. Patients included mostly local nationals critically wounded by bullets, grenades, cluster bombs, knives, or motor vehicle accidents. Denny explained the excessive numbers of automobile accidents resulted because the “local nationals . . . pile as many people as will fit into tiny, old cars without seatbelts,” then, “drive fast down crater-filled roads without shoulders.” Head-on collisions and rollovers resulted.<sup>103</sup>

A major change occurred at Camp Bondsteel when the 212th CMF transferred its authority on 25 September 2000 and both USAR personnel from the continental United States and active component soldiers from 30th Medical Brigade in Europe took over. The largest element of this rotation was 85 soldiers from the 313th Hospital Unit Surgical who deployed from Springfield, Missouri.<sup>104</sup> The total numbers deployed varied but they included about 160 USAR and 75 active soldiers at the time of final redeployment on 2 April 2001. Most of the USAR personnel served for a three-month period during one of three 90-day iterations.<sup>105</sup>

During its tenure in Camp Bondsteel, this rotation operated 26 beds (expandable to 52) and treated more than 310 patients. It performed 120 emergency surgeries and managed 104 trauma patients. The staff continued to develop and assist the local health care system, offering education, consultation, and surgical assistance to the hospital in Gnjilane, and nurses actively participated in these outreach activities.<sup>106</sup> Major Stella Demster, a medical-surgical nurse from the Intermediate Care Ward, taught maternal child nursing classes at the Gnjilane hospital along with the Finnish Red Cross nurses. She was impressed by the staff’s spirited enthusiasm in spite of the facility’s lack of equipment and abysmal state of repair.<sup>107</sup>

The experiences of Army Nurse Corps officers who served in the Balkans bore predictable similarities to previous operations. Those who deployed to the former republic of Yugoslavia, particularly during the early rotations, lived and worked in exacting conditions and provided high-quality care for significant numbers of casualties suffering massive trauma. The operational setting in the Balkans was very demanding and rife with danger, threats, multinational bureaucratic snarls, and bitter weather. The traditional implementation of field expediency skills and the willingness to make substantial personal sacrifices to provide health care for the deployed U.S. soldiers typified the nurses’ contributions.

Participation in the Balkan operations enabled Army Nurse Corps officers to excel in new branch immaterial roles and command slots. They played an active part in personnel, equipment, and doctrinal planning and development for deployments, and their impact exceeded the traditional boundaries of nursing. Their multinational patient population presented communication and cultural challenges on a daily basis. The operations in the Balkans were a blend of war and Operations Other Than War, with components of nation building, humanitarian assistance, and Support and Stability Operations. Through it all, the old and the new, the good and the bad, the easy and the difficult, the Army Nurse Corps officers’ *esprit de corps* remained high and their contributions significant.



## Notes

1. Robin Alison Remington, "Bosnia: The Tangled Web," *Current History* 92 (November 1993): 364–69. "Ethnic Conflicts Produce Tragedy in Bosnia," *HSC Mercury* (May 1993): 6. "Morass of Ethnic Conflict Haunts Balkans," *The Mercury* 23 (December 1995): 7. "History of BiH," 4 April 2003, [http://www.tfeagle.army.mil/TFE/bosnia\\_history.htm](http://www.tfeagle.army.mil/TFE/bosnia_history.htm) (accessed 22 April 2005).

2. The six republics were Bosnia and Herzegovina, Croatia, Macedonia, Montenegro, Serbia, and Slovenia, while the two provinces were Kosovo and Vojvodina. Glenn E. Curtis, *Yugoslavia: A Country Study*, DA Pamphlet 550-99 (Washington, DC: Department of the Army, 1992), iii.

3. Glenn E. Curtis, *Yugoslavia: A Country Study*, DA Pamphlet 550-99 (Washington, DC: Department of the Army, 1992). Charles Krauthammer, "Drawing the Line at Genocide," *Washington Post* (11 December 1992): 9–10. "Morass of Ethnic Conflict Haunts Balkans," *The Mercury* 23 (December 1995): 7.

4. Charles Kirkpatrick, "Operation PROVIDE PROMISE," Printed Manuscript, 1–3, n.d., Army Nurse Corps Collection (ANCC), Office of Medical History (OMH). Stephen L.Y. Gammons and William M. Donnelly, *Department of the Army Historical Summary, Fiscal Year 1995* (Washington, DC: Center of Military History, United States Army, 2004), 48.

5. At the time, V Corps headquarters was located in the C.W. Abrams building (formerly the I.G. Farben building) in Frankfurt am Main. In 1994, V Corps moved to Campbell Barracks, Heidelberg. <http://www.vcorps.army.mil/> (accessed 22 September 2005).

6. When local units closed, the active duty and family member patient base disappeared. Charles Kirkpatrick, "Operation PROVIDE PROMISE," Printed Manuscript, 3, 13, 27, 29, n.d., OMH. Retirees living in the communities presumably then obtained care from local German providers or traveled to the nearest U.S. health care facility.

7. When the 68th Medical Group commander, Colonel Greg Stevens, deployed to Zagreb, Croatia, in November 1992, Lieutenant Colonel Holly Buchanan, an Army Nurse Corps officer, assumed command of the unit in garrison at Wiesbaden AFB. Holly K. Buchanan, "Annual Historical Report," 25 October 1993, ANCC, OMH. Buchanan "ran a hard-working family-support group." Harry Noyes, "U.S. Medics Serve U.N. in Croatia," *HSC Mercury* (August 1993): 9.

8. Charles Kirkpatrick, "Operation PROVIDE PROMISE," Printed Manuscript, 3, 12,

n.d., OMH. Bobbie H. Henley, Interview by Iris J. West, Transcript, 2, 11 February 1994; Nelda Barnhill, Interview by Iris J. West, Transcript, 2–4, 5–6, 11 February 1994; and Jerry L. Green, Interview by Iris J. West, Transcript, 3, 8 February 1994 (all in Army Nurse Corps Oral History Collection [ANCOHC], OMH).

9. Charles Kirkpatrick, "Operation PROVIDE PROMISE," Printed Manuscript, 18, 24, n.d., OMH. Terris E. Kennedy, "After Action Report Staff Visit 212th MASH," Printed Document, 21 December 1992, ANCC, OMH. Chuck Sudetic, "A MASH with a Difference Is Set Up in Croatia," *New York Times* (16 November 1992): 5. "U.S. Hospital in Croatia Treats U.N. Soldiers," *Stars and Stripes* (18 November 1992): 2. Nelda Barnhill, Interview by Iris J. West, Transcript, 3–5, 11 February 1994; and Jerry L. Green, Interview by Iris J. West, Transcript, 5, 7, 8, 15, 19, 25, 8 February 1994 (both in ANCOHC, OMH). "U.S. Army Opening Tent Hospital in Croatia," *Washington Post* (14 November 1992): A19. Paul R. Erlich, "212th MASH After Action Review—Operation Provide Promise, Zagreb, Croatia," Memorandum, 2 June 1993, ANCC, OMH. Harry Noyes, "U.S. Medics Serve U.N. in Croatia," *HSC Mercury* (August 1993): 9.

10. Some of the United Nations countries participating in the operation were the Netherlands, Finland, Sweden, Norway, Canada, Australia, France, Britain, Argentina, Egypt, Jordan, Nepal, Pakistan, Kenya, Poland, Russia, Ukraine, and Slovak Republic, all with diverse cultures and/or languages. Lois M. Davis and others, "Army Medical Support for Peace Operations and Humanitarian Assistance," 1996, <http://www.rand.org/publications/MR/MR773/> (accessed 6 July 2004).

11. Terris E. Kennedy, "After Action Report Staff Visit 212th MASH," Printed Document, 21 December 1992, ANCC, OMH. Bobbie H. Henley, Interview by Iris J. West, Transcript, 8, 11, 11 February 1994; Nelda Barnhill, Interview by Iris J. West, Transcript, 23, 11 February 1994; and Jerry L. Green, Interview by Iris J. West, Transcript, 26, 58–59, 8 February 1994 (all in ANCOHC, OMH). Paul R. Erlich, "212th MASH After Action Review—Operation Provide Promise, Zagreb, Croatia," Memorandum, 2 June 1993, ANCC, OMH.

12. Nelda Barnhill, Interview by Iris J. West, Transcript, 24–25, 11 February 1994, ANCOHC, OMH.

13. *Ibid.*, 69–70.

14. Bobbie H. Henley, Interview by Iris J. West, Transcript, 4, 11 February 1994, ANCOHC, OMH.

15. Nelda Barnhill, Interview by Iris J. West, Transcript, 6, 11 February 1994; and Jerry L. Green, Interview by Iris J. West, Transcript, 35–36, 8 February 1994 (both in ANCOHC, OMH). Barbara F. Eller, "Trip Report: Visit to 212th MASH, Zagreb, Croatia, 27 March–3 April 1993," 1, 5 April 1993, ANCC, OMH.

16. Jerry L. Green, Interview by Iris J. West, Transcript, 29, 59–60, 8 February 1994, ANCOHC, OMH. Barbara F. Eller, "Trip Report: Visit to 212th MASH, Zagreb, Croatia, 27 March–3 April 1993," 1, 5 April 1993, ANCC, OMH.

17. Some of the Army nurses volunteered to remain for the full 179-day tour so that new mothers with infants, recently married soldiers, or those with very young children could return home. Second Lieutenant Jerry Green was one such selfless volunteer. Jerry L. Green, Interview by Iris J. West, Transcript, 73–74, 8 February 1994, ANCOHC, OMH.

18. Lois M. Davis and others, "Army Medical Support for Peace Operations and Humanitarian Assistance," 1996, <http://www.rand.org/publications/MR/MR773/> (accessed 6 July 2004). Paul R. Erlich, "212th MASH After Action Review—Operation Provide Promise, Zagreb, Croatia," Memorandum, 2 June 1993, ANCC, OMH. Harry Noyes, "U.S. Medics Serve U.N. in Croatia," *HSC Mercury* (August 1993): 9.

19. Nelda Barnhill, Interview by Iris J. West, Transcript, 19, 11 February 1994; and Jerry L. Green, Interview by Iris J. West, Transcript, 54, 8 February 1994 (both in ANCOHC, OMH).

20. Nelda Barnhill, Interview by Iris J. West, Transcript, 20–21, 11 February 1994, ANCOHC, OMH.

21. *Ibid.*, 19.

22. *Ibid.*, 52.

23. *Ibid.*, 56–57.

24. *Ibid.*, 20.

25. *Ibid.*, 22.

26. Charles Kirkpatrick, "Operation PROVIDE PROMISE," Printed Manuscript, 28–29, n.d., OMH. Jerry L. Green, Interview by Iris J. West, Transcript, 73, 8 February 1994, ANCOHC, OMH.

27. Lois M. Davis and others, "Army Medical Support for Peace Operations and Humanitarian Assistance," 1996, <http://www.rand.org/publications/MR/MR773/> (accessed 6 July 2004). Paul R. Erlich, "212th MASH After Action Review—Operation Provide Promise, Zagreb, Croatia," Memorandum, 2 June 1993, ANCC, OMH. Harry Noyes, "U.S. Medics Serve U.N. in Croatia," *HSC Mercury* (August 1993): 9.

28. Paul R. Erlich, "212th MASH After Action Review—Operation Provide Promise, Zagreb, Croatia," Memorandum, 2 June 1993, ANCC, OMH.

29. Lois M. Davis and others, "Army Medical Support for Peace Operations and Humanitarian Assistance," 1996, <http://www.rand.org/publications/MR/MR773/> (accessed 6 July 2004). Jacqueline J. Schulz, Interview by Iris J. West, Transcript, 3, 11 February 1994, ANCOHC, OMH. Major Stroud and Major Vance, "Replacement of the 502d MASH at Zagreb," Operations Support Directorate, April 1993; and Major Heintz, "Medical Support to Operation Provide Promise and Able Sentry," Information Paper, 24 August 1993 (both in ANCC, OMH).

30. Charles Kirkpatrick, "Operation PROVIDE PROMISE," Printed Manuscript, 30, n.d., ANCC, OMH. Lois M. Davis and others, "Army Medical Support for Peace Operations and Humanitarian Assistance," 1996, <http://www.rand.org/publications/MR/MR773/> (accessed 6 July 2004).

31. Lois M. Davis and others, "Army Medical Support for Peace Operations and Humanitarian Assistance," 1996, <http://www.rand.org/publications/MR/MR773/> (accessed 6 July 2004). Jacqueline J. Schulz, Interview by Iris J. West, Transcript, 5–6, 11 February 1994, ANCOHC, OMH.

32. Charles Kirkpatrick, "Operation PROVIDE PROMISE," Printed Manuscript, 29–30, n.d., ANCC, OMH.

33. Kevin T. Galloway and Scott McDannold, Interview by Iris J. West, Transcript, 14, 15, 9 February 1994; and Jacqueline J. Schulz, Interview by Iris J. West, Transcript, 8, 11 February 1994 (both in ANCOHC, OMH).

34. Marybeth Arenz, "High-tech System Helps MASH Doctors in Croatia," *MEDCOM Examiner* 22 (July 1993): 1, 8. Kevin T. Galloway and Scott McDannold, Interview by Iris J. West, Transcript, 75–76, 9 February 1994, ANCOHC, OMH. The Army passed the RCCS on to the Air Force when the 502nd MASH redeployed to Germany. Colonel Jones, "Remote Clinical Consultation [[“Communications” above]] System (RCCS)," Operations Support Directorate, September 1993, ANCC, OMH.

35. Steve Vogel, "U.S. Forces Ready for Possible Shelling of Zagreb Airport," *Army Times* (11 October 1993): 12.

36. Kevin T. Galloway and Scott McDannold, Interview by Iris J. West, Transcript, 51–



52, 57–58, 9 February 1994; and Jacqueline J. Schulz, Interview by Iris J. West, Transcript, 23, 11 February 1994 (both in ANCOHC, OMH).

37. Charles Kirkpatrick, "Operation PROVIDE PROMISE," Printed Manuscript, 104, n.d., ANCC, OMH.

38. Kevin T. Galloway and Scott McDannold, Interview by Iris J. West, Transcript, 8–9, 18–23, 9 February 1994, ANCOHC, OMH. Todd Gavin, "Injured Bosnian Children Find Refuge at MASH," *HSC Mercury* 21 (December 1993): 1.

39. Jacqueline J. Schulz, Interview by Iris J. West, Transcript, 24–25, 32–33, 11 February 1994, ANCOHC, OMH.

40. Major Heintz, "Provide Promise," Executive Summary, 10 September 1993; Major Heintz, "Provide Promise," Executive Summary, 13 September 1993; and Major Heintz, "Medical Support to Operation Provide Promise and Able Sentry," Information Paper, 24 August 1993 (all in ANCC, OMH). Mary C. Smolenski, Donald G. Smith, and James S. Nanney, *A Fit, Fighting Force, The Air Force Nursing Services Chronology* (Washington, DC: Office of the Air Force Surgeon General, 2005), 48.

41. Lois M. Davis and others, "Army Medical Support for Peace Operations and Humanitarian Assistance," 1996, <http://www.rand.org/publications/MR/MR773/> (accessed 6 July 2004). Jacqueline J. Schulz, Interview by Iris J. West, Transcript, 39–40, 11 February 1994; and Kevin T. Galloway and Scott McDannold, Interview by Iris J. West, Transcript, 78–79, 9 February 1994 (both in ANCOHC, OMH). Marian Hamilton, "New Navy Hospital Workers Take Over Facility in Zagreb," *Stars and Stripes* (1 September 1994): 3. Carolyn M. Feller and Debora R. Cox, *Highlights in the History of the Army Nurse Corps*, 100th Anniversary Edition (Washington, DC: U.S. Army Center of Military History, 2000), 65. Alana M. Benton, "Navy Nurse Mission," *Nursing Spectrum* (DC/Baltimore Metro Edition) 6 (20 May 1996): 9. Carolyn D. Zdrodowski, Elaine Dekker, and Cylysce C. Vogelsang-Watson, "Medical Deployment to Croatia: Operation Provide Promise," *Today's Surgical Nurse* 18 (May/June 1996): 28–34.

42. Connie L. Reeves, *Department of the Army Historical Summary, Fiscal Year 1996* (Washington, DC: United States Army Center of Military History, 2002), 72–74. Kimberly Green, "U.S. Troops Land, Set Up in Hungary," *American Endeavor* 1 (29 December 1995): 1. Charles Moskos and Laura Miller, "Task Force Eagle," *Army* 49 (February 1999): 40–46. "History of BiH," 4 April 2003, [http://www.tfeagle.army.mil/TFE/bosnia\\_history.htm](http://www.tfeagle.army.mil/TFE/bosnia_history.htm) (accessed 22 April 2005). "History of the NATO-led Stabilisation Force (SFOR) in Bosnia and Herzegovina," <http://www.nato.int/sfor/docu/d981116a.htm> (accessed 24 April 2005).

43. Markus Novosel and Nedima Hadziibrisevic, "The End of an Era—Looking Back at a Decade of American Involvement in Bosnia," *Talon* 15 (12 November 2004): 6. Constance J. Moore, "Recent 'Operations Other Than War'," Information Paper, 14 June 1996, ANCC, OMH. Charles Moskos and Laura Miller, "Task Force Eagle," *Army* 49 (February 1999): 40–46. Stanley F. Cherrie, "Task Force Eagle, Bosnia, Lessons Learned," *Military Review* 77 (July–August 1997): 62–72.

44. Constance J. Moore, "Recent 'Operations Other Than War'," Information Paper, 14 June 1996, ANCC, OMH. Kathryn M. Gaylord, "Psychiatric Nursing: A Critical Role in Deployment," *Army Medical Department Journal*, PB8-98-34 (March/April 1998): 28–31.

45. Kimberly Green, "U.S. Troops Land, Set Up in Hungary," *American Endeavor* 1 (29 December 1995): 1.

46. Later, in the waning days of the deployment, Bester once again assumed command of the task force and was responsible for all medical assets in Hungary and Croatia during

the unit's final 60 days in the Balkans. "Brigadier General William T. Bester, Chief, Army Nurse Corps," *Army Nurse Corps Newsletter* 99 (May–June 2000): 1, ANCC, OMH.

47. William Bester to Bettye Simmons and Susan McCall, Handwritten Letter, n.d.; and William Bester to AN Branchettes, Printed Letter, 29 February 1996 (both in ANCC, OMH).

48. Jerry Harben, "Medical Support Ready for Bosnia Operations," *The Mercury* 23 (February 1996): 1. Harry Noyes, "New Reservists Go to Germany for Backfill," *The Mercury* 23 (November 1996): 1. John Rodgers, Interview by Mary T. Sarnecky, Transcript, 57–58, 28 June 2001, ANCOHC, OMH.

49. Harry Noyes, "New Troops to Replace Bosnia Force," *The Mercury* 24 (December 1996): 1. Burton L. Masters, "Reservists in Europe Fill Gaps While Hospital Staffers Deploy," *The Mercury* 24 (December 1996): 1.

50. William Bester to Bettye Simmons and Susan McCall, Handwritten Letter, n.d., ANCC, OMH. Jerry Harben, "Medical Support Ready for Bosnia Operations," *The Mercury* 23 (February 1996): 1.

51. Charles Moskos and Laura Miller, "Task Force Eagle," *Army* 49 (February 1999): 40–46. Phil Gunby, "Military Medicine in the Balkans Now," *Journal of the American Medical Association* 282 (10 November 1999): 1707–09.

52. Charles Moskos and Laura Miller, "Task Force Eagle," *Army* 49 (February 1999): 40–46. Phil Gunby, "Military Medicine in the Balkans Now," *Journal of the American Medical Association* 282 (10 November 1999): 1707–09.

53. William Bester to Bettye Simmons and Susan McCall, Handwritten Letter, n.d.; and William Bester to AN Branchettes, Printed Letter, 29 February 1996 (both in ANCC, OMH). Karen S. Morarie, "67th CSH Sets Up High-Tech Tents," *American Endeavor* 1 (29 December 1995): 3.

54. William T. Bester to Susan McCall, Printed Letter, 15 July 1996, ANCC, OMH.

55. John Rodgers, Interview by Mary T. Sarnecky, Transcript, 58–59, 28 June 2001, ANCOHC, OMH.

56. "The 212th Mobile Army Surgical Hospital (MASH), 'The Last MASH Standing!'" Briefing Slides, n.d., ANCC, OMH.

57. The 212th MASH chief nurses during these rotations were lieutenant colonels Elijah Gilreath and Mark Bither. Suzan Denny, "AN Highlights, 30th MED BDE Significant Developments and Events since 1995," Printed Document, n.d., ANCC, OMH. Eric C. Barker, "Army Reserve Hospitals Keep Troops Healthy in Bosnia," *The Mercury* (March 1998): 6. A. Stamides, "After Action Report—Replacement Facility for the Blue Factory, Planning and Construction for Eagle Base Hospital, Tuzla, Bosnia, Medical Task Force Eagle," 23 October 1998, Box 126 C, OMH.

58. Steven S. Collins, "Nurses Gain Valuable Experience in Bosnia," *The Mercury* 24 (June 1997): 2.

59. Jerry Harben, "New Troops Head for Bosnia," *The Mercury* 25 (October 1997): 12.

60. Eric C. Barker, "Army Reserve Hospitals Keep Troops Healthy in Bosnia," *The Mercury* (March 1998): 6.

61. Suzan Denny, "AN Highlights, 30th MED BDE Significant Developments and Events since 1995," Printed Document, n.d., ANCC, OMH.

62. Benjamin Eli Seeley, "Task Force Med Eagle," *Army Nurse Corps Newsletter* (May–June 2000): 11–13.

63. Roddex Barlow and Theresa Mack, "Update from the Army Nurses of Task Force Med Eagle," *Army Nursing Newsletter* (March 2000): 8–9, ANCC, OMH.

64. Besides Larabee, the nursing staff consisted of majors Theresa Taylor, Patricia Fort-

ner, and Elizabeth Mills, captains Nelson Burgos and Vina Rajski, and first lieutenants Kelli Deacon, Thurman Saunders, Jeromy Jones, and B. Eli Seeley. Benjamin Eli Seeley, "Task Force Med Eagle," *Army Nurse Corps Newsletter* (May–June 2000): 11–13.

65. The Sked stretcher is a litter designed for "confined space, high angle or technical rescue, and traditional land based applications." Its design provides for patient protection and security. The Sked "comes equipped for horizontal hoisting by helicopter or vertical hoisting in caves or industrial confined spaces." <http://www.skedco.com/sk200.htm> (accessed 21 July 2005).

66. Benjamin Eli Seeley, "Task Force Med Eagle," *Army Nurse Corps Newsletter* (May–June 2000): 11–13.

67. The nursing staff included majors Graham and Hinton, captains Cartwright, Glenn, MacDougall, Milam, and Shackleford, and first lieutenants Dudley, Hall, and Kobiela. Walt Hinton, "Task Force Med Eagle, Eagle Base, Bosnia-Herzegovina, The Nurses of the 249th General Hospital (FWD)," *Army Nurse Corps Newsletter* (November 2000): 16–18.

68. Walt Hinton, "Task Force Med Eagle, Eagle Base, Bosnia-Herzegovina, The Nurses of the 249th General Hospital (FWD)," *Army Nurse Corps Newsletter* (November 2000): 16–18. "Task Force Med Eagle, Life in the Balkans by the Nurses of Task Force Med Eagle (TFME), 249th General Hospital (FWD), Eagle Base, Bosnia-Herzegovina," *Army Nurse Corps Newsletter* (December 2000): 11–13.

69. The unit included three psychiatrists. Two served down range with Prevention Teams. The third, the commander, provided services at the Restoration Unit but also traveled to provide support to the Prevention Teams. Kathryn Gaylord to Author, E-mail Correspondence, 22 September 2005, ANCC, OMH. Kathryn M. Gaylord, "Psychiatric Nursing: A Critical Role in Deployment," *Army Medical Department Journal*, PB8-98-34 (March/April 1998): 28–31.

70. Kathryn M. Gaylord, "Psychiatric Nursing: A Critical Role in Deployment," *Army Medical Department Journal*, PB8-98-34, (March/April 1998): 28–31.

71. Simon H. Pincus and Theodore S. Nam, "Psychological Aspects of Deployment: The Bosnian Experience," *Army Medical Department Journal*, PB8-99-1/2/3 (January/February/March 1999): 38–44. Nancy Tomich, "Peacekeeping Lesson: Expect Trauma," *U.S. Medicine* (November 1999): 11.

72. "History of the NATO-led Stabilization Force (SFOR) in Bosnia and Herzegovina," <http://www.nato.int/sfor/docu/d981116a.htm> (accessed 24 April 2005).

73. "History of SFOR," n.d., [http://www.tfeagle.army.mil/TFE/SFOR\\_History.htm](http://www.tfeagle.army.mil/TFE/SFOR_History.htm) (accessed 22 April 2005).

74. George Robertson, "What's Going Right in Kosovo," *Washington Post* (7 December 1999): A31. Russell Taylor, Interview by John Greenwood, Transcript, 9–11, 24 May 2000, OMH. <http://www.answers.com/KFOR> (accessed 18 April 2005).

75. The CMF was a rapid deployment element carved from the MASH. With a very small footprint, the CMF provided combat service support for the austere, ambiguous contingency missions of that era. The CMF base had four Advanced Trauma Life Support trauma tables in the emergency room, four Intensive Care Unit beds, 10 holding beds, and two operating room tables and sterilizers. Designed by lieutenant colonels Alan Moloff, MC, and Suzan Denny, ANC, the CMF could carry out 24 major surgeries within 72 hours without resupply. The unit could be transported on two C-130 aircraft. "Interview with LTC Suzan Denny, Chief Nurse, 212th MASH," n.d.; "Interview—LTC Alan Moloff, Commander, 212th CMF, TF Hawk," 17 May 1999; and Bob Glesson, Unidentified Presentation, Script, 1 October 1999 (all in Box 126D, OMH). Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 2-8 to 2-14.

76. A “slice” is an element of a unit. A slice is used for a contingency operation when the full complement of the unit is not needed. “TF Hawk,” Briefing Slides, n.d., Box 126 D, OTSG Files, OMH. Matthew Cox, “Troops and Tanks Beef Up Task Force Hawk,” *Army Times* (14 June 1999): 16. Sean D. Naylor, “Task Force Proves Its Worth to Air War Planners,” *Army Times* (14 June 1999): 16–17. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 2-3, 2-7.

77. The three operating room nurses were majors Karen Morris and Javier Altamirano and Captain Carla Buckles. The three anesthetists were majors Dave Joss and Kim Blackburn and Captain Paul Barras. The critical care nurses were captains Teresa Duquette, Michael Rizzo, and Sarah Krajnik and First Lieutenant Sean Magnuson. Suzan Denny, “AN Highlights, 30th MED BDE Significant Developments and Events since 1995,” Printed Document, n.d., ANCC, OMH. John Gordon IV, Bruce Nardulli, and Walter L. Perry, “The Operational Challenges of Task Force Hawk,” *Joint Force Quarterly* 29 (Autumn/Winter 2001–2002): 52–57. Bob Glesson, Unidentified Presentation, Script, 1 October 1999, Box 126D, OMH.

78. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 2-3, 2-29 to 2-30.

79. The CMF performed one appendectomy per week for the first six weeks. “TF Hawk,” Briefing Slides, n.d., Box 126 D, OMH. Suzan Denny, “212th MASH: The Next Mission,” *Army Nursing Newsletter* 99 (July 1999): 11–12, ANCC, OMH.

80. Jimmie O. Keenan, “Task Force Med Falcon, Kosovo Report,” *Army Nursing Newsletter* (September 1999): 10–11, ANCC, OMH. Jim Garamone, “Medics Prepare for Hazards of Kosovo,” *The Mercury* 26 (August 1999): 1. “TF Hawk,” Briefing Slides, n.d., Box 126 D, OMH. Stephen L.Y. Gammons and William M. Donnelly, *Department of the Army Historical Summary, Fiscal Year 1995* (Washington, DC: Center of Military History, United States Army, 2004), 48. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 2-31.

81. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 2-31, 3-3, 3-36. Jimmie O. Keenan, “Task Force Med Falcon, Kosovo Report,” *Army Nursing Newsletter* (September 1999): 10–11, ANCC, OMH.

82. The detachment commander, First Lieutenant April Byrd, also was an Army nurse. Jimmie O. Keenan, “Task Force Med Falcon, Kosovo Report,” *Army Nursing Newsletter* (September 1999): 10–11, ANCC, OMH. Keenan was part of the Advance Party and also served as the unit engineer, overseeing site preparations for the hospital. In a previous assignment she was a Nurse Methods Analyst with significant health facility planning experience. Her background stood her in good stead. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 3-15 to 3-16, 3-33.

83. The 11 Army Nurse Corps officers were majors Charlotte Scott and Karalee Suterlin, captains (P) David Kendrick and Joe O’Sullivan, captains Tammy Crawford, Julie Benson, and Karlo Tutt, and first lieutenants Jeff Borders, Bill Needham, Nicole Bowns, and Nightat Kahn. An Air Force nurse, First Lieutenant Gayle Randall served on the 67th CSH Aeromedical Evacuation Liaison Team. Jimmie O. Keenan, “Task Force Med Falcon, Kosovo Report,” *Army Nursing Newsletter* (September 1999): 10–11, ANCC, OMH. Russell Taylor, Interview by John Greenwood, Transcript, 12, 24 May 2000, OMH.

84. Jimmie O. Keenan, “Task Force Med Falcon, Kosovo Report,” *Army Nursing Newsletter* (September 1999): 10–11, ANCC, OMH. Russell Taylor, Interview by John Greenwood, Transcript, 12, 24 May 2000, OMH. Christopher DeHart, “67th CSH Answers Call



in Kosovo," *The Mercury* 27 (October 1999): 1. Phil Gunby, "Military Medicine in the Balkans Now," *Journal of the American Medical Association* 282 (10 November 1999): 1707-09. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 3-34, 3-36.

85. Russell Taylor, Interview by John Greenwood, Transcript, 29-31, 24 May 2000, OMH.

86. *Ibid.*, 36-40.

87. Chris DeHart, "Medics Upgrade Hospital to Care For Kosovars," *The Mercury* 27 (February 2000): 2.

88. Russell Taylor, Interview by John Greenwood, Transcript, 36-40, 24 May 2000, OMH. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 3-21, 3-43 to 3-44.

89. Russell Taylor, Interview by John Greenwood, Transcript, 36-40, 24 May 2000, OMH.

90. *Ibid.*, 40-41. Phil Gunby, "Military Medicine in the Balkans Now," *Journal of the American Medical Association* 282 (10 November 1999): 1707-09.

91. Jimmie O. Keenan, "Goodbye to Kosovo," *Army Nursing Newsletter* (November 1999): 13, ANCC, OMH. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 3-5, 3-46 to 3-47.

92. The 12 included the chief nurse, Major Shelley Rice, Lieutenant Colonel MaryEllen Wygant, Captain (P) Patricia Hembree, captains Diane Paulson, Carla Crouch, and Cynthia Nielsen-McArdle, First Lieutenant (P) Michael Nagra, first lieutenants Karen Ramey, Dianne Paraoan, and Markus Lee, and second lieutenants Jessica Lussier and Sean Elliot. All deployed from the 67th CSH in Würzburg except for Wygant, who deployed from Landstuhl Regional Medical Center. "Army Nurse Corps 99th Anniversary Celebration," *Army Nursing Newsletter* (March 2000): 11, ANCC, OMH. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 4-10, 4-30.

93. Suzan Denny, "AN Highlights, 30th MED BDE Significant Developments and Events since 1995," Printed Document, n.d., ANCC, OMH.

94. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 5-65.

95. *Ibid.*, 4-11.

96. *Ibid.*, 4-54.

97. Suzan Denny, "AN Highlights, 30th MED BDE Significant Developments and Events since 1995," Printed Document, n.d., ANCC, OMH. Suzan Denny, "212th MASH: The Next Mission," *Army Nursing Newsletter* 99 (July 1999): 11-12, ANCC, OMH.

98. *Ibid.*

99. Suzan Denny to Author, E-mail Correspondence, 16 June 2005, ANCC, OMH.

100. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 5-7.

101. *Ibid.*, 5-24.

102. Suzan Denny to Author, E-mail Correspondence, 16 June 2005, ANCC, OMH.

103. Suzan Denny, "Task Force Med Falcon," *Army Nurse Corps Newsletter* (July 2000): 18-19; and Elizabeth Vinson, "Task Force Med-Falcon," *Army Nurse Corps Newsletter* (October 2000): 13-14 (both in ANCC, OMH).

104. Steven M. Astriab, *Vendetta: Military Medical Peace Operations in Kosovo* (Atlanta, GA: Eagle Group International, n.d.), 6-4.

105. *Ibid.*, 6-17.

106. *Ibid.*, 6-13.

107. Ibid., 6-24.